

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>10/13/05</u>	2 Serial/Patent # <u>10/576976</u>
3 Please refund the following fee(s):	
<input checked="" type="checkbox"/> Filing	4 PAPER NUMBER <u>12604</u>
<input type="checkbox"/> Amendment	5 DATE FILED
<input type="checkbox"/> Extension of Time	6 AMOUNT \$ <u>555</u>
<input type="checkbox"/> Notice of Appeal/Appeal	\$
<input type="checkbox"/> Petition	\$
<input type="checkbox"/> Issue	\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.	\$
<input type="checkbox"/> Maintenance	\$
<input type="checkbox"/> Assignment	\$
<input type="checkbox"/> Other	\$
7 TOTAL AMOUNT OF REFUND \$ <u>555.00</u>	
8 TO BE REFUNDED BY:	
<input type="checkbox"/> Overpayment	Treasury Check
<input checked="" type="checkbox"/> Duplicate Payment	Credit Deposit A/C #: <u>19--4675</u>
9 No Fee Due (Explanation): 	
10 REASON: 	
11 REFUND REQUESTED BY: <u>Charlita Burt</u> TYPED/PRINTED NAME: <u>Charlita Burt</u> TITLE: <u>Paralegal</u> SIGNATURE: <u>Charlita Burt</u> PCP PHONE: <u>308 914 0x207</u> OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B